	· :	PART B	3 - FEE(S)	TRANS	SMITTAL)	•		
omplete and send this form, together with applicable fee(s)				C P A <u>Fax</u> (5	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885				
INSTRUCTIONS This for incorporate. All truther con incorporate parts corrected maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and I rders and notic a) specifying a	PUBLICA' fication of a new corr	TION FEE (if requi maintenance fees we espondence address;	red). Blocks 1 the rill be mailed to to and/or (b) indica	rough 5 s he current ting a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23280 7590 07/14/2005				No Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
DAVIDSON, DAVIDSON & KAPPEL, LLC 485 SEVENTH AVENUE, 14TH FLOOR NEW YORK, NY 10018					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
0/18/2005 DEMMANU2 00000054 09448991					Oliver Pla	tz	2	(Depositor's name) (Signature)	
FC:1501 1400.00 OP FC:8001 30.00 OP				E	10/13/1005			(Date)	
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.			
09/448,991 11/24/1999			NEIL BE	NEIL BEESLEY			130.1003		
TITLE OF INVENTION: M	ETHOD FOR CHECKING	USER ACCESS						· .	
						·			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBI	LICATION FEE	TOTAL FEE(S) DUE		10/14/2005	
nonprovisional NO		\$1400			•	\$0 \$1400		10/14/2003	
EXAMINER		ART UNIT			SS-SUBCLASS				
ARANI,	2131	1 713-201000							
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2 & Kappel, LLC registered attorney or agent) and the names of up to						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print or t	ype)			· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe T a substitute i	ear on the for filing a	patent. If an assign n assignment.	ee is identified be	elow, the d	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Software AG Darmstadt, Germany									
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	atent):	Individual 🚨 Co	orporation or other	private gr	oup entity Government	
4a. The following fee(s) are	enclosed:	41	Payment of	. ` ′					
Issue Fee	mall entity discount permitte	ed)			unt of the fee(s) is en ard. Form PTO-2038	5. A			
Advance Order - # of	-						l fee(s), or e an extra c	credit any overpayment, to opy of this form).	
	MALL ENTITY status. See	37 CFR 1.27.			onger claiming SMAI				
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Authorized Signature				Date 10/13/2005					
Typed or printed name	Registration No. 38,156								
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